

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Stuart A. Courtney

Mailing Address 1250 E. Hallandale Beach Blvd. #10

City State Zip Code
Hallandale FL 33009-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 22 / 2015

Transaction ID : A607C77B6FE5E4462B9B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Roy R. DeFrancis

Mailing Address 570 French Rd.

City State Zip Code
Cheektowaga NY 14227-3530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 22 / 2015

Transaction ID : A7E8F2DB8ADB45B085C

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul R. Glaser

Mailing Address 4113 Oleander Dr. #G

City State Zip Code
Wilmington NC 28403-6840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Podiatric Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 22 / 2015

Transaction ID : A02131C14BBB54E1A855

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00